PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

30821US2

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE | | | OTHER THAN R SMALL ENTITY | |
|--|--------------------------|--|------------------|--------------------------|---------------------------------------|--------------|------------|---------------------------|--|
| TOTAL OLAMAC | () T) | | | 1 | RATE | FEE | [| RATE | FEE |
| TOTAL CLAIMS | NUMBER FILED | NUMBER | EXTRA | | | 355.00 | OR | BASIC FEE | 710.00 |
| FOR | minus 20= | + | | | X\$ 9= | · . | OR | X\$18= | |
| TOTAL CHARGEABLE CLAIMS | / minus 3 = // | | | | X40= | | OR | X80= | |
| INDEPENDENT CLAIMS | <u> </u> | 1-4/ | \neg | | | | 1 | +270= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | +135= | | OR | TOTAL | 710 |
| OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY | | | | | | | THAN | | |
| (Column 1) | (Co | lumn 2) GHEST | (Column 3) | 1 | OMACE | ADDI- | 1. | | ADDI- |
| CLAIMS REMAINING | NI | UMBER | PRESENT EXTRA | 1 | -RATE- | TIONAL | | RATE | TIONAL |
| | | AID FOR | EXTIN | 4. | | FEE | - | | |
| Total · 12 | Minus ** | 20 | = | 1 | X\$ 9= | | OR | X\$18= | |
| U Independent | Minus *** | 3 | = | | X40= | | OF | X80= | |
| FIRST PRESENTATION OF | MULTIPLE DEPENDI | ENT CLAIM | | _] | +135= | | OF | +270= | |
| | | | | | TOTAL ADDIT. FEE | | OF | TOTA ADDIT. FE | |
| (Column 1 | , (C | olumn 2) | (Column | 3) | · · · · · · · · · · · · · · · · · · · | • | _ | | |
| CLAIMS | G PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | TIONA FEE | | RATE | ADDI- TIONAL FEE |
| REMAINING AFTER AMENDMEN Total Independent | Minus ** | | = | | X\$ 9= | · | 0 | R X\$18= | • |
| | Minus *** | | = | | X40= | | 0 | R X80= | |
| FIRST PRESENTATION OF | MULTIPLE DEPEN | DENT CLAIM | A | | +135= | | \neg | R +270= | = |
| | | | | | TOTA | | | R ADDIT. F | AL |
| | | | | . 0\ | ADDIT. FE | E I | | AUDIT. F | |
| (Column | | Column 2) HIGHEST | (Column | (3) | | ADD | . 1 | | . ADDI- |
| CLAIMS REMAININ AFTER AMENDME | NG F | NUMBER PREVIOUSLY PAID FOR | PRESEN EXTRA | | RATE | | AL | RAT | |
| Total * Independent * | Minus ** | * | = | | X\$ 9= | | | OR X\$18 | 3= |
| Independent * | livilius | ** | = = | | X40= | | | OR X80 | = |
| FIRST PRESENTATION C | OF MULTIPLE DEPEN | NDENT CLA | IM | | +135: | _ | | OR +270 |)= |
| • If the entry in column 1 is less | than the entry in column | a 2, write "0" in | column 3. | <i>y</i> = -: | TO | AL | —(` | | TAL |
| If the entry in column 1 is less If the "Highest Number Previor the "Highest Number Prev | | | | er "2(· "3." numl |)." ADDIT. For found in the | | | AUDI1. | |